

APPLICATION DATA SHEET**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: Hot Liquid Fiber Product

Attorney Docket Number:: NED-001

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Netherlands

Status::

Given Name:: Katrien

Middle Name:: Maria Josefa

Family Name:: van Laere

Name Suffix::

City of Residence:: Heteren  
State or Province of Residence::  
Country of Residence:: Netherlands  
Street of Mailing Address:: Kamperfoeliestraat 11  
City of Mailing Address:: Heteren  
State or Province of Mailing Address::  
Country of Mailing Address:: Netherlands  
Postal or Zip Code of Mailing Address:: NL-6666 WS

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status::  
Given Name:: Rene  
Middle Name:: John  
Family Name:: Raggers  
Name Suffix::  
City of Residence:: Amsterdam  
State or Province of Residence::  
Country of Residence:: Netherlands  
Street of Mailing Address:: Staalmeesterlaan 243  
City of Mailing Address:: Amsterdam  
State or Province of Mailing Address::  
Country of Mailing Address:: Netherlands  
Postal or Zip Code of Mailing Address:: NL-1057 NX

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status::  
Given Name:: Johanna  
Middle Name:: Maria Martina  
Family Name:: Elberse

Name Suffix::

City of Residence:: Wageningen

State or Province of Residence::

Country of Residence:: Netherlands

Street of Mailing Address:: Lawickse Allee 98

City of Mailing Address:: Wageningen

State or Province of Mailing Address::

Country of Mailing Address:: Netherlands

Postal or Zip Code of Mailing Address:: NL-6707 AM

#### **Correspondence Information**

Correspondence Customer Number:: 022832

#### **Representative Information**

Representative Customer Number:: 022832

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

#### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
WO	PCT/NL03/00445	06/18/2003	Yes

**Assignee Information**

Assignee Name::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::